CONFIDENTIAL

APPLICATION FOR: KENTUCKY ENTERTAINMENT INCENTIVE (KEI)

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

INSTRUCTIONS

Rev 9/2025

All applicants should familiarize themselves with the information regarding the incentive programs for which application is made as well as other applicable program statutory requirements and regulations. Fact sheets and guidelines regarding the incentive programs are located at:

https://newkentuckyhome.ky.gov/Locating_Expanding/KEI

If you intend to film or produce an eligible Motion Picture or Entertainment Production in Kentucky and you are interested in incentives, you must notify the Kentucky Cabinet for Economic Development. A program manager will be assigned to assist you with your project and determine the incentives for which the project may qualify. No applications will receive consideration without the signature of an agent of the Cabinet.

The application, consisting of the Project Information, Budget, Certification and Disclosure worksheets, should be completed and emailed, including signatures and required attachments, to **CED.KEI@ky.gov** or mailed to the following address:

Kentucky Cabinet for Economic Development
Kentucky Entertainment Incentive Program
Mayo-Underwood Bldg
500 Mero Street, 5th Floor
Frankfort, KY 40601

(502) 564-7670

REQUIRED ATTACHMENTS

The following items must be submitted in addition to the completed application:

1) A non-refundable application fee payable to the Kentucky State Treasurer based on the following scale:

Total Amount of Qualifying Expenditures and Payroll	Application Fee
< $50,000	$250
= > $50,000 and < $100,000	$500
= > $100,000	$1,000

The application fee may be paid by mailed check made payable to the Kentucky State Treasurer or online via credit card or ACH at:

https://newkentuckyhome.ky.gov/epayments

Please note: In addition to the KEI application fee, prior to approval the applicant company will be required to pay an administrative fee equal to ½ of 1 percent (0.5%) of the incentive amount authorized in the tax incentive agreement or $500, whichever is greater. The administrative fee may be paid via ACH at the website listed above. Additional fees for legal and administrative costs will be incurred for KEI projects when the final tax incentive agreement with Kentucky Film Leadership Council (KFLC) is executed.

2) Company letter including brief history of the applicant business and description of the project.

3) Bios of key personnel on the project.

4) Proof of funding for the project. Proof must demonstrate at least 50% funding. Acceptable proof includes:
   1. ATSE Bonds, SAG Bonds, Completion Bonds;
   2. Payroll statements;
   3. Bank statements;
   4. Financing or funding contracts; or
   5. Commitment letters, where the applicant shall:
      (1) Demonstrate twenty-five percent (25%) of committed funds are held in an escrow account; and
      (2) Present a balance sheet and letter from an accredited financial institution, attorney, or accountant holding the funds.

5) Top sheet of both the KY budget and the total project budget (KY and non-KY). All budget line items must be reasonable and within market rates.

6) A copy of the applicant's most current balance sheet.

7) A copy of the preliminary production script or a script synopsis not to exceed one page. If episodic, please include a detailed episode-by-episode synopsis.

8) A completed copy of the applicant's W-9 (Request for Taxpayer Identification Number) form. Go to **www.irs.gov/forms-pubs/about-form-w-9** for additional information on the W-9 form.

9) A copy of the letter received from the Internal Revenue Service identifying the employer identification number assigned to the applicant company (letter received in response to submitting a Form SS-4, Application for Employer Identification Number).

10) Registration with Kentucky Vendor Self Service to obtain Kentucky Vendor ID: **https://vss.ky.gov/vssprod-ext/Advantage4**

SUPPLEMENTAL ATTACHMENTS

The following items are encouraged to be submitted in addition to the completed application (application):

1) A distribution contract, if available.

2) Any deal memoranda between applicants and key personnel.

3) A detailed explanation of timing of the production in the event there are c...ly held or ...ancial...nterested applicants with overlapping personnel.

4) Detailed information about the qualifying Kentucky crew training program...ffered in c...njunction with the project.

5) The number of resident and nonresident above-the-line and b...ow-t...line pr...uction crew members included by the applicant, or any other entity with common ownership or ...ny ind...d...l with a financial interest in the applicant, on a previous application. This information shall ...de:
   1. The date of the application;
   2. Whether the application was approve
   3. The dates upon which the crew mem...rs we... are ...e utilized; and
   4. Each crew member's role in the product...

6) For a national touring production of a Broadway show prod...ed in Kentucky in accordance with KRS 154.61-010(18)(a)2., please provide the number of Kentu...d jobs at the production's venue supported by the production.

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APPLICATION FOR INCENTIVE PROGRAMS
KEI PROJECT INFORMATION

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Date:

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Is this an amendment to the initial application for incentives?

APPLICANT INFORMATION (Entity Applying for Incentives)

Company Name			
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Federal Employer ID Number	6 Digit NAICS Code	Company Organization	State of Organization
Kentucky Vendor ID			
Salutation / Contact Person		Title	Telephone
Email Address		Company Website	
Applicant's Fiscal Year-end Date (MM/DD)		Is the applicant registered and in good standing with the Kentucky Secretary of State?	

Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency?

If yes, please list the violation and explain (attach additional explanation if needed):

PROJECT TYPE AND KENTUCKY OFFICE LOCATION WHERE PROJECT RECORDS WILL BE KEPT

Street Address of Kentucky Office	City	State	Zip Code
		KY	

County	Type of Project (Select From Picklist)	Is location in a Tax Increment Financing District?

Is the applicant business a Kentucky-based company (a business with its principal place of business in Kentucky or no less than 51% of its property and payroll located in Kentucky)?

Is the contact person for the Kentucky project location the same as the person listed in the Applicant Information section? *If no, then please complete the following:*

Salutation	Contact Person for KY Project Location	Email	Telephone

COMPANY OWNERSHIP

Please identify on the rows below all individual owners of the applicant company with 20% or greater ownership interest in the company. The Cabinet may run a background check on any individuals identified. If there are no individual owners with a 20% or greater ownership interest in the applicant company, enter "None" below, and follow instructions for "key decision maker."

Full Legal Name of Individual Owner of Applicant Company	Date of Birth	Owner's Full Home Address (no PO Boxes; Include City/State)	Social Security Number	Ownership Percent

Email addresses for ownership individuals listed above		# 1	
# 2		# 3	
# 4		# 5	

If one or more companies or legal entities has a 20% or greater ownership interest in the applicant company, please provide information about the ownership entity or entities on the rows below and attach to this applicatio list of the officers, directors, principals or other key executive-level decision makers of the applicant company

Name of Legal Entity with Ownership Interest in the Applicant Company	Date Organized	Entity Owner's Full Address (no PO Boxes; Include City/State)	Federal Employer Identification Number	Owne p rcent

If you entered one or more individual owners above, skip this section and proceed t estio public trading. Otherwise, enter one key executive-level decision maker (Chief Executive Officer, ief Fi cial Officer or equivalent) of the applicant company on the row below. The Cabinet may ackgroun heck any individual identified.

Applicant Company Key Decision Maker Full Legal Name & Title	Date of Birth	Decision Maker's Full Home dress (no PO Boxes; incl City/S)	Social Security Number

Email address for the individual listed above:	
Answer Yes or No: Is the applicant or its owner publicly traded?	

COMMON OWNERSHIP

Please list all entities with "common ownership" latio the ap cant company as defined in 307 KAR 1:080. If you require additional rows, please attach a separate document t he application.

FINANCIAL TEREST

Please list all ividu s and entiti s with "financial interest" in the applicant company, as defined in 307 KAR 1:080. If you requ additional ws, please attach a separate document to the application.

PRIOR KEI APPROVAL

Please list all previously received approvals for incentives under the Kentucky Entertainment Program. This information shall include incentives received by any other entity with common ownership or any individual with a financial interest in the applicant. Common ownership extends to parent companies, subsidiaries, or any other related individuals or entities deriving income, profits, or loss from the applicant. Please attach an additional document if you need more rows.

Approved Company	Total Eligible Incentive Amount	Date of Approval

PRODUCTION PERSONNEL

Project Title (Descriptive Title of the Proposed Project)

Key Production Personnel (list names and contact information)

Attach additional listing if necessary

PROJECT LOCATIONS AND TIMELINE

List below all locations (by county) in Kentucky where pre-production/prep, filming, production, or post-production activities/expenses of the applicant business will occur. If activities are anticipated in more than 8 counties, attach listing with additional counties. Select counties below from the dropdown picklist. Please list counties in descending order of project activity (list the county with the most projected project activity in the County 1 field, the county with the second most projected project activity in the County 2 field, etc.).

County 1			Enhanced will display next to county name if county qualifies for enhanced incentives	County 5		
County 2				County 6		
County 3				County 7		
County 4				County 8		

Are any project locations in counties listed above (or attached) located in a TIF district?

Project Timeline: List below estimated production start and end dates in Kentucky, including pre-production and post-production, in which activities will occur in Kentucky and you plan on claiming costs associated with those activities for the purpose of determining potential tax credits.

Kentucky Production Start Date | Kentucky Production End Date

Kentucky Production Start Date must be within 6 months after KFLC application approval date

Kentucky Production End Date must be within 2 years of Kentucky Production Start Date

Number of days **filming** in Kentucky	Number of days **filming** in Enhanced Counties

If any production or filming for this project will occur in locations outside Kentucky, list locations and dates:

PROJECTED PROJECT CREW MEMBERS

List below the projected number of crew members working on the project in Kentucky. "Kentucky resident" means an individual who is domiciled in Kentucky, or an individual who is not domiciled in Kentucky but maintains a place of abode in Kentucky and spends more than 183 days of the taxable year in Kentucky. Crew members that don't have Kentucky income tax withheld from their pay are not eligible for incentives and should not be included in the numbers below or in the budget worksheet.

Do not double-count crew members; enter eligible crew members only once in the appropriate column/ row. Refer to the KEI Guidelines for Above-the-line and Below-the-line crew definitions.	Kentucky Resident Crew Members	Non-Kentucky Resident Crew Members	Total Production Crew Members
Above-the-line Production Crew			
Below-the-line Production Crew			0
Total Production Crew Members	0	0	0

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APPLICATION FOR INCENTIVE PROGRAMS
KEI PROGRAM FUNDING AND BUDGET

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TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Complete the Project Info worksheet prior to completing this worksheet

Based on KY company status and project type, qualifying payroll/expenditure must be at least

Total Projected Project Cost (KY and Non-KY costs)	Committed Project Funding Currently in Place	Committed Funding Percentage
		%

Does this project have a distribution contract? If so, please include in the application materials.

Budget: enter below eligible costs by category that are expected to be paid to (1) production crew members while working in Kentucky on your proposed project; and (2) Kentucky businesses for production work to be performed in Kentucky. Enter only costs to be incurred and paid by the applicant business. Note: this budget may be less than your total budget; enter only eligible Kentucky project costs below. Enter costs to be incurred in enhanced incentive counties in the column labeled "Costs Incurred in KY Enhanced Incentive Counties." All other eligible costs to be incurred in Kentucky should be entered in the column labeled "Costs Incurred in KY Counties not Designated as Enhanced Incentive."

PLEASE REVIEW 307 KAR 1:080

Enter costs in the next column only if you will incur/track costs in enhanced incentive counties →	Costs Incurred in KY Enhanced Incentive Counties	Costs Incurred in KY Counties not Designated as Enhanced Incentive	Total Projected Qualifying Costs Incurred in KY
Qualifying Payroll Expenditures for KY Resident, Above-the-line Production Crew, not to Exceed $1,000,000 in Payroll Expenditures per Person			$0
Qualifying Payroll Expenditures for non-KY Resident, Above-the-line Production Crew, not to Exceed $1,000,000 in Payroll Expenditures per Person			$0
Qualifying Payroll Expenditures for KY Resident, Below-the-line Production Crew			$0
Qualifying Payroll Expenditures for non-KY Resident, Below-the-line Production Crew			$0
Total Qualifying Payroll Expenditures	$0	$0	**$0**

Identify KY qualifying per diem by payroll category

Please submit a detailed breakdown of per diem line items as an attachment.	Costs Incurred in KY Enhanced Incentive Counties	Costs Incurred in KY Counties not Designated as Enhanced Incentive	Total Projected Qualifying Costs Incurred in KY
Qualifying per diem for KY Resident, Above-the-line Production Crew, not to Exceed $1,000,000 in Payroll Expenditures per Person			$0
Qualifying per diem for non-KY Resident, Above-the-line Production Crew, not to Exceed $1,000,000 in Payroll Expenditures per Person			$0
Qualifying per diem for KY Resident, Below-the-line Production Crew			$0
Qualifying per diem for non-KY Resident, Below-the-line Production Crew			$0
Total Qualifying Per Diem	$0	$0	**$0**

Identify KY Qualifying Expenditures below by category (include only eligible non-payroll project expenses)			
Enter only costs to be incurred with Kentucky Vendors, as defined in 307 KAR 1:080 Category Name (List/describe)	Costs Incurred in KY Enhanced Incentive Counties	Costs Incurred in KY Counties not Designated as Enhanced Incentive	Total Projected Qualifying Costs Incurred in KY
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total Qualifying Expenditures	$0	$0	**$0**
Total Projected Qualifying Payroll, Per Diem, and Expenditures Incurred in Kentucky	$0	$0	**$0**
Maximum Potential Tax Credit	$0	$0	**$0**

Expenses must be added to meet the minimum expenditure requirement to qualify for potential tax credits

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APPLICATION FOR INCENTIVE PROGRAMS
CERTIFICATION OF APPLICATION

TEAM KENTUCKY.
CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

CERTIFICATION

Eligibility for financial assistance is determined by the information presented in this application and in the required attachments. Any changes in the status of the proposed project from the facts presented herein, including but not limited to the commencement of construction, any public announcement or legal commitment (e.g., lease or contract) without contingency language, could jeopardize the project's eligibility for incentives. Please contact the staff of the Authority before taking any action which would change the status of the project as reported herein.

I, the undersigned, on behalf of the applicant, hereby represent and certify that the foregoing application information, including all attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed project for which financial incentives are sought; and (b) does not contain any information for which any entity competing with the applicant may claim a proprietary interest.

Select Yes or No to the following:

[ ] I represent and certify that, but for the financial incentives to be provided through this application, the proposed entertainment project would not be filmed or produced in Kentucky.

[ ] I represent and certify that the proposed project cannot reasonably be considered obscene (as defined in the KEI Guidelines) and will not negatively impact the economy or tourism industry of Kentucky.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and its attachments may be subject to public disclosure to the extent required by law pursuant to any request made under the Kentucky Open Records Act contained in Chapter 61 of the Kentucky Revised Statutes. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, confidential or proprietary application information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General or court of competent jurisdiction). Information reported to the Cabinet or the Authority with regard to employment numbers, average wages, investment, eligible costs, approved costs and other information as required by an incentive agreement shall be available for public disclosure.

For each of the following statements, enter Yes if the corresponding statement is an accurate statement for the applicant company. Enter No if the corresponding statement is not an accurate statement for the applicant company. Each response shall operate as a separate certification. The undersigned hereby certifies to the best of his/her knowledge:

[ ] The applicant (including any affiliate) has not been placed in receivership or bankruptcy, been denied a business-related license, or had a business-related license revoked by any administrative, governmental, or regulatory agency.

[ ] The Chief Executive Officer, or a similarly situated person in charge of the applicant's executive operations, has not been convicted of any criminal offenses or filed for bankruptcy within the last ten years.

[ ] The Chief Financial Officer, or a similarly situated person in charge of the applicant's financial affairs, has not been convicted of any criminal offenses or filed for bankruptcy within the last ten years.

If unable to answer Yes to all three of the statements above, please attach a brief explanation on a separate sheet of paper which shall be incorporated as an attachment to this application.

The applicant shall make the Cabinet aware if, subsequent to the filing of this application, including during the term of any agreement entered into between the applicant and the Cabinet or KFLC, the applicant, or any owner or affiliate of the applicant, is convicted of any criminal offenses, is placed in receivership or adjudicates a bankruptcy, or is denied a business related license or has a business related license suspended or revoked by any administrative, governmental or regulatory agency.

In addition, the undersigned, on behalf of the applicant, acknowledges and grants permission to the Authority to share any and all information contained within the application and its attachments with appropriate state and fe agencies, local jurisdiction(s) and contracted consultants to determine the feasibility and potential impacts as ociate with the project for which incentives are sought.

Signature	Title
Print Name	Date

For Electronic Signature: The person responsible for signing the document may ty her na in signature field, but the name must be preceded by a "/s" (e.g., /s Jim Smith). An email is als requi from signer providing a statement certifying/authenticating the typed signature on the document is h signature

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APPLICATION FOR INCENTIVE PROGRAMS
ATTACHMENT A - INCENTIVE DISCLOSURE STATEMENT

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

INSTRUCTIONS: In accordance with the Executive Branch Code of Ethics, Chapter 11A of the Kentucky Revised Statutes ("KRS"), before any board or authority within or attached to the Cabinet for Economic Development ("CED") takes final action on any contract or agreement by which a bond, grant, lease, loan, assessment, incentive, inducement, or tax credit is awarded (the "incentive package"), the beneficiary of the incentive package must file with the approving board or authority a disclosure statement stating: (i) the identity of the beneficiary of the incentive package, (ii) the identity of any person employed to act on behalf of the beneficiary with respect to the incentive package, (iii) the details of any financial transaction (as defined in KRS 11A.201(6)(a), see below) between the beneficiary (or any other person listed in (ii) above) and any agent or public servant of the CED, any member of any board or authority within or attached to that Cabinet, or any other public servant involved in the negotiation of the economic incentive package. Your application or request will not be processed until this form is filed. CED will send copies of this form with the Executive Branch Ethics Commission pursuant to KRS 11A.233(2).

NOTE: For purposes of KRS 11A.201(6)(a), the definition of "financial transaction" is activity conducted or undertaken for profit, not available to the general public on the same terms, that arises from the joint ownership, the ownership, or part ownership in common, of any real or personal property or any commercial or business enterprise of whatever form between

1) Beneficiary, agent or employee of the beneficiary; and

2) CED agent, employee, member of board or authority attached to CED, or other public servant involved in the negotiation of any incentive package.

Beneficiary's Legal Name — Beneficiary is the: Applicant

Type(s) of Economic Incentive Package(s): Kentucky Entertainment Incentive (KEI)

Please identify all employees or agents of the Beneficiary who have acted on behalf of the Beneficiary in its dealings with the CED or any board or authority within or attached to the CED in regard to the above incentive package:

Name	Title	Organization

Please attach additional listing if more space is needed.

Have any of the employees or agents of the Beneficiary had any "financial transactions" (as defined above) with a CED agent, employee, or a board or agency attached to CED or any other public servant involved in the negotiation of any economic incentive package?

If yes, please detail any "financial transactions" (as defined above) between the Beneficiary (or any other person listed as an employee or agent of the Beneficiary) and (i) any agent or public servant of the CED, (ii) any member of any board or authority within or attached to that Cabinet, or (iii) any other public servant involved in the negotiation of the economic incentive package:

TRANSACTION 1

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

TRANSACTION 2

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

TRANSACTION 3

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

Please attach additional listing if more space is needed.

The undersigned, a duly authorized representative of the Beneficiary listed above, hereby certifies that the information set forth in this Economic Incentive Disclosure Statement has been reviewed, and is true and correct to the best of his knowledge of the undersigned.

Signature

Date

For Electronic Signature: The person responsible for signing the document may type his/her name in the signature field, but the name must be preceded by a "/s" (e.g., /s Jim Smith). An email is also required from the signer providing a statement certifying/authenticating the typed signature on the document is his/her signature.